



PECHANGA FIRE DEPARTMENT

Fire Drill Evaluation Checklist

DRILL INFORMATION		
Name of Building/Facility:		
Building/Facility Address:		
Location of Drill (specific floor/wing/etc.):		Date of Drill:
Time Drill Initiated:	Time All Occupants Vacated:	Elapsed Time: Min.
Drill Monitor Name:		Title/Position:
Weather: TEMP: <input type="checkbox"/> Cold <input type="checkbox"/> Warm <input type="checkbox"/> Hot	Wind: <input type="checkbox"/> Calm <input type="checkbox"/> Breezy <input type="checkbox"/> Windy	Precipitation: <input type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Sleet
PRE DRILL ASSESSMENT		PLAN
Evacuation routes posted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Evacuation performed according to plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Evacuation signs are in good condition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Occupants met at designated meeting places <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Exits are clearly marked <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Designated meeting place(s) at safe distances <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Exit signs are properly illuminated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Fire drill/response team(s) responded per plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Exit doors operating properly <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Fire drill/response team(s) performed per plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Egress routes free of obstructions <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Fire department "mock" notified per plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Egress routes properly lighted <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
COMMUNICATION		FIRE ALARM SYSTEM
Method of Drill Activation: <input type="checkbox"/> Alarm Activation <input type="checkbox"/> PA System <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other:		Fire alarm clearly heard in all areas <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Drill pre-announced <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Public announcements clearly heard in all areas <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Fire department present for drill <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Door hold-open devices released properly <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Alarm monitoring company notified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Elevators recalled to correct floors <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Security notified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Alarm monitoring company received alarm <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
EVACUATION		NOTES
All required participants took part <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Restrooms were checked for occupants <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Evacuation was orderly <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Visitors escorted and accounted for <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Special needs persons accommodated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Elevators were used during evacuation <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Overall response of occupants <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
Noise level of evacuation <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		
Number of Occupants Evacuated:	Visitors: Staff: Tenants: TOTAL:	
FIRE CONTAINMENT		
Doors and windows closed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Rooms checked prior to closing doors <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Doors left unlocked <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Fire extinguisher taken to location of fire <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Door hold-open devices operated properly <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
UTILITIES		
Electrical appliances turned off <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Lights turned off <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Smoke control/dampers operated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

*Any item receiving a "No" or "Unsatisfactory" is an item that the facility should work on to correct.

